

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _ 20 15

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2 Exact name	of the limited liability con				
986414	\mathcal{L}		-			
3. State of Formation	1 Keci	SE VENT	usiness conducted in Rhode Islan		•	
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Ul	1 Yeart	1 Marragner T	Leal ESTATE City South Tordan			
5. Principal office address	11421 C	TU Fed V.	City 1	State	Zip	
6: MAILING ADDRESS OF LIM	TED LIABILITY'S	GMPANY AND NAME	w South Vardan] UT	Zip 84 09	75.
354 Ase	laide Ave	/ Hamlet Lope		N		
Street Address 254 Ada	laide Ava	0	City O	State R.(Zip OSGO	7
7. LISTALUMANAGERS (NAM	IES AND ADDRE	SSES) OF THE LIMITED	DLIABILITY COMPANY, IF APPL	ICABLE DO NOT	LIST MEMB	7 ERS
E formar blanca			Manager Name			
Street Address 254 Adelaide			Street Address		<u></u>	
City Providence	State /2/	C1907	City	State	Zip	
Manager Name			Manager Name	!	<u> </u>	
Street Address			Street Address			
City	State	Zip	City	State	Zip 23	
B RESIDENT AGENTIN RHODE	ISLAND:				2016	00 00 00 00 00 00 00 00 00 00 00 00 00
This information is currently of	record in the Offi	ice of the Secretary of	State. Changes require filing Fo	orm 642.		중
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ay 26741	8 KM					
File Date Walker			Under penalty of perjury, I de this report, including any acc and that all statements conta			ined nents,

Authorized Person

Print or Type Name of Authorized Person

02-11-16 Date

Form No. 632 Revised: 01/2012

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